



**LEGISLATIVE ASSISTANT
PER DIEM AUTHORIZATION
FOR THE 2017 SESSION**

Legislative Assistant Name: _____

Senator Name: _____

District: _____

Pay Period:

Number of Days Authorized:

January 11-14, 2017

January 15-21, 2017

January 22-28, 2017

January 29-February 4, 2017

February 5-11, 2017

February 12-18, 2017

February 19-25, 2017

Legislative Assistant Signature: _____

Senator's Signature: _____

____ I certify that my Legislative Assistant, by virtue of employment by me for the legislative session, has established and is maintaining a temporary residence for the numbers of days claimed above and is eligible for the out-of town per diem rate.

____ I certify that my Legislative Assistant is eligible for the in-town per diem rate for the number of days claimed above.